

REVOLVING FUND CHECK REQUEST
DEPARTMENT OF CORRECTIONS AND REHABILITATION- HEADQUARTERS
To be used only when immediate payment is required

INSTRUCTIONS: Originator completes Section 1, 2, 3, and 4. Attach supporting documents specific to the type of expenditure (CDC 954, STD65, CDC854, STD204, etc.) Submit original and two copies to HQ Accounting to the address below. Allow 5 working days for processing.

To: HEADQUARTERS ACCOUNTING SERVICES SECTION
P. O. BOX 187018
SACRAMENTO, CA 95818-7018

DATE: _____
Person Requesting Check: _____
Phone: _____

SECTION 1 REASON FOR REVOLVING FUND REQUEST
Indicate payable to, amount requested, and purpose of expenditure.

PAYABLE TO: _____ **AMOUNT:** _____

PURPOSE: Mark the appropriate box, add account numbers and attach documentation where applicable.

☐ Booth Rental Fee - Attach supporting documentation indicating vendor name, address, location of booth, date of rental and fee.

☐ Postage

<input type="checkbox"/> AMS-TMS	Account #	_____
<input type="checkbox"/> American Mailing Equipment	Account #	_____
<input type="checkbox"/> Pitney Bowes Postage	Account #	_____
<input type="checkbox"/> Postage by Phone	Account #	_____
<input type="checkbox"/> RMRS-Postage by Phone	Account #	_____
<input type="checkbox"/> U.S. Postmaster for:		

☐ _____ stamps at _____ cents

☐ Post Office Box Fee for P.O. Box number _____ City: _____ Zip: _____

☐ **REGISTRATION FEE** (Include copy of approved CDC854, Training Request Form.
Attach registration form and other information indicating the name of vendor or school, dates, location, and costs of training)
Indicate Name of participant(s) in the space provided - List additional participants on reverse side.

1 _____	2 _____
3 _____	4 _____
5 _____	6 _____

☐ **OTHER:** Describe in detail to expedite processing. (Attach memo if necessary) _____

Section 2 VENDOR AND EXPENDITURE CODES
Complete Vendor Number and Coding.

Vendor/Federal ID Number (attach required STD 204 for new vendors): _____

Charge to Billing Code: _____ **Index:** _____ **Object:** _____ **PCA:** _____

Section 3 DISTRIBUTION
Choose method of distribution and indicate date check needed.

<input type="checkbox"/> Mail to Vendor: Address _____ City _____ State Zip _____	This Check is Needed by: Date _____	<input type="checkbox"/> Distribute to Designated Employee: Name of Designated Employee & Phone Number <small>In accordance with SAM Section 8041.2, designated employee can not be a person that has prepared or approved this request. Division is to maintain Disbursement Log.</small>
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Section 4 REQUIRED SIGNATURES
Obtain Unit Supervisor's approval and Hiring Authority's authorization to make expenditure.

Branch Approval Unit Supervisor Signature: _____ Name & Title: _____ Div/Branch Name: _____ Phone Number: _____	CRITICAL NEED STATEMENT (In accordance with 7/19/02 memo) <i>I hereby certify that this good or service is essential to maintaining departmental operations.</i> Signature: _____ Printed Name & Title: _____ (Deputy or Hiring Authority level)
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FOR ACCOUNTING USE ONLY

Date Routed to ORF Unit _____	ORF Check Number/Date: _____
Schedule Number/Date: _____	Amount: _____